

# Instructions For Responding to **NOTICE OF MOTION or ORDER TO SHOW CAUSE**

## **WHEN TO USE THIS PACKET**

**Use this packet if you want to Respond to paperwork served on you by the other party (Order to Show Cause or Notice of Motion)**

### **STEPS IN RESPONDING TO PATERNITY:**

The forms in this packet can be used to respond to documents served on you by the other parent to get or modify custody, visitation or child support, etc.

You have 10 days before the hearing to serve the other party with a copy of your response and to file your response with the court.

- You will need to complete the paper work enclosed with this packet;
- Have it reviewed for completeness and correctness;
- Make 2 copies and have someone over 18 **other than you** mail a copy of your Response to the other parent and complete the Proof of Service;
- File your Response and the Proof of Service.
- If you have not paid a first appearance fee you may need to pay a filing fee.

### **FORMS NEEDED:**

Responsive Declaration	FL-320
Declaration under UCCJEA	FL-105
Financial Statement	FL-155
Proof of Service by Mail	FL-335



**SAMPLE**

**FORMS**



## How to fill out

# RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION (FL-320)

## DIRECTIONS

- Find the number on the sample form.

*Example:* ①

- Go to the same number below to find out how to fill out the form.

- Type or print in black ink.

FL-320	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  TELEPHONE NO.: ① FAX NO.: ATTORNEY FOR (Name):	FOR COURT USE ONLY
② SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: ③	CASE NUMBER:
RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION	
HEARING DATE: ④ TIME: DEPARTMENT OR ROOM:	

1. ☐ CHILD CUSTODY  
a. ☐ I consent to the order requested.  
b. ☐ I do not consent to the order requested but I consent to the following order:

⑤

2. ☐ CHILD VISITATION  
a. ☐ I consent to the order requested.  
b. ☐ I do not consent to the order requested but I consent to the following order:

⑥

3. ☐ CHILD SUPPORT  
a. ☐ I consent to the order requested.  
b. ☐ I consent to guideline support.  
c. ☐ I do not consent to the order requested, but I consent to the following order:  
(1) ☐ Guideline  
(2) ☐ Other (specify):

⑦

4. ☐ SPOUSAL SUPPORT  
a. ☐ I consent to the order requested.  
b. ☐ I do not consent to the order requested.  
c. ☐ I consent to the following order:

⑧

5. ☐ ATTORNEY FEES AND COSTS  
a. ☐ I consent to the order requested.  
b. ☐ I do not consent to the order requested.  
c. ☐ I consent to the following order:

⑨

Form Adopted for Mandatory Use  
Judicial Council of California  
FL-320 (Rev. January 1, 2003)

RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE  
OR NOTICE OF MOTION

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www.courtinfo.ca.gov

- ① Write your name and address. Write your phone, fax, and email address if you want to. If not done for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002.
- ② The Branch Name is: Central Branch.
- ③ Write the name of the persons in the case. YOU are the Petitioner if you started the case. YOU are the “respondent” if another person started the case.
- ④ Write in the date of the hearing, the time and the department. This information is on the papers served on you.
- ⑤ Check box 1 if the other parent is requesting custody orders. Check box 1(a) if you agree with the orders the other parent is requesting. Check box 1(b) if you do not agree – then write in the custody order you would like.
- ⑥ Check box 2 if the other parent is requesting visitation orders. Check box 2(a) if you agree with the orders the other parent is requesting. Check box 2(b) if you do not agree – then write in the visitation order you would like.
- ⑦ Check box 3 if the other parent is requesting child support orders. Check box 3(a) if you agree with the order the other parent is requesting. Check box 3(b) if guideline child support was requested by the other parent and you agree. Check box 3(c) if you do not agree with the order requested – then check box 3(c)(1) if you consent to guideline support or box 3(c)(2) if you consent to some other child support order - write in the order you would like.
- ⑧ Check box 4 if the other party is requesting a spousal support order. Check box 4(a) if you agree with the order the other party is requesting. Check box 4(b) if you do not agree. Check box 4(c) if you agree to some order – then write in the order you would like.
- ⑨ Check box 5 if the other party is requesting an order for attorneys fees and costs.. Check box 5(a) if you agree with the order the other party is requesting. Check box 5(b) if you do not agree. Check box 4(c) if you agree to some order - then write in the order you would like.

## *How to fill out*

# **ATTACHED DECLARATION (MC-031)**

## **DIRECTIONS**

- ▶ Find the number on the sample form.  
*Example:* ❶
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

The image shows a sample of the 'ATTACHED DECLARATION (MC-031)' form. It is a white document with a black border. At the top, there are two boxes: 'PLAINTIFF/PETITIONER:' and 'DEFENDANT/RESPONDENT:', both with a circled '1' next to them. To the right of these is a box for 'CASE NUMBER:'. Below these boxes is a line of text: 'This form must be attached to another form or court paper before it can be filed in court.' In the center of the form is a large circled '2'. At the bottom left, there is a line for 'Date:' with a circled '3' next to it. To the right of the date line is a line for 'SIGNATURE OF PLAINTIFF/DEFENDANT' with a circled '4' next to it. Below the signature line are three checkboxes: 'Petitioner/Plaintiff', 'Respondent/Defendant', and 'Attorney'. Below these checkboxes is a line for 'OR (SAGONY):'. At the bottom of the form, there is a line for 'ATTACHED DECLARATION' and a small box for 'WEST GROUP'.

*This form is always attached to another form or court paper. It is never filed by itself.*

- ❶ Write the names of the Plaintiff/Petitioner and Defendant/Respondent.
- ❷ Use this form with FL-310, Application for Order and Supporting Documentation if you ran out of room writing your facts.
- ❸ Date the form. Type or print your name on the left. Sign your name on the right.
- ❹ Check the box that identifies you as the Petitioner/Plaintiff, or as the Respondent/Defendant.

# How to fill out DECLARATION UNDER UNIFORM CHILD CUSTODY Jurisdiction and Enforcement Act (FL-105)

## DIRECTIONS:

- Find the number on the sample form. *Example:* 1
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Mailing Address): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		TELEPHONE NO.: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		FOR COURT USE ONLY	
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		STREET ADDRESS: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		MAILING ADDRESS: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
CITY AND ZIP CODE: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		BRANCH NAME: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		CASE NAME: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)				CASE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	

1. I am a party to this proceeding to determine custody of a child.

2. ☐ Declarant's present address is not disclosed. It is confidential under Family Code section 3429. The address of children presently residing with declarant is identified on this declaration as confidential.

3. (Number): minor children are subject to this proceeding as follows:  
*(Insert the information requested below. The residence information must be given for the last FIVE years.)*

a. Child's name	Place of birth	Date of birth	Sex
Period of residence: to present <input type="checkbox"/> Confidential to to to to	Address: to present <input type="checkbox"/> Confidential to to to to	Person child lived with (name and present address): to present to to to to	Relationship: to present to to to to

b. Child's name: ☐ Residence information is the same as given above for child a. (If NOT the same, provide the information below.)

c. ☐ Additional children are listed on Attachment 3c. (Provide requested information for additional children on an attachment.)

Form Approved for Optional Use  
Judicial Council of California  
FL-105/GC-120 (Rev. January 1, 2003)

**DECLARATION UNDER UNIFORM CHILD CUSTODY  
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Page 1 of 2  
Family Code, § 3400 et seq.  
Probate Code, §§ 16100, 1612  
www.courtinfo.ca.gov

- 1 Write your name, your mailing address, and telephone number (if any).
  - 2 If not filled in for you, put in address. Write "Fresno" after COUNTY OF.
  - 3 Write Petitioner's last name v. Respondent's last name. *Example: Smith v. Smith.* You are the "Petitioner" if you have started a case. You are the "Respondent" if another person started a case against you.
  - 4 Check this box if you do not want to write your current address for reasons of safety. Fill in the number of children from the marriage (minor children – under age 18)
  - 5 For the first child, fill in their first and last name.
  - 6 Fill in city and state the child was born in.
  - 7 The child's date of birth (month, day, year)
  - 8 If the child is a boy, write M for male. If the child is a girl, write F for female.
- For 9) through 12) give information from current (now) to later for the past 5 years:**
- 9 The beginning and ending date the child lived at the address (from when to when).
  - 10 The child's current address is at the top, then the next last place the child lived, etc. *If you do not want to write where the child lives now for safety reasons, check "confidential" and do not list address.*
  - 11 Name of person (an adult) the child lives or lived with at the addresses you list.
  - 12 Relationship means how the child is related to the adult. For example, mother or father.
  - 13 Check the box below the second child's name ("Resident information is the same ...") if the information above is the same for this child. If you check this box you do not have to complete the boxes below.
  - 14 For more children, check the box and fill out Attachment 3c.

SHORT TITLE: <span style="background-color: black; color: white; border-radius: 50%; padding: 2px 5px; font-weight: bold;">16</span>	CASE NUMBER:
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**17** 4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?  
☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child:

b. Capacity of declarant: ☐ party ☐ witness ☐ other (specify):

c. Court (specify name, state, location):

d. Court order or judgment (date):

**18** 5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4?  
☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child:

b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other (specify):

c. Court (specify name, state, location):

d. Status of proceeding:

**19** 6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child subject to this proceeding?  
☐ No ☐ Yes (If yes, provide the following information:)

a. Name and address of person   <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person   <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person   <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 20 \_\_\_\_\_

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF DECLARANT)

**21** 7. ☐ Number of pages attached after this page:

**NOTICE TO DECLARANT:** You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

FL-105/GC-120 (Rev. January 1, 2003) DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) Page 2 of 2

## DECLARATION (FL-105)

- page two -

### DIRECTIONS:

- ▶ Find the number on the sample form. *Example:* 16
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 16** Write Petitioner's last name v. Respondent's last name. *Example:* Smith v. Smith
- 17** Check yes if you have ever been part of any legal case (in California or anywhere else) for custody of any child in this case.
- If you check yes, fill out a. through d.
  - "Capacity of Declarant" asks if were you part of the case, a witness (called to testify/speak about the case), or in some other way involved.
- 18** Check yes if you know something about any pending (waiting for decision) custody case involving any child in this case.
- If yes, fill out a. through d.
  - "Nature of proceeding" means type of case.
  - In "Status of proceeding" write what is now happening.
- 19** Give information about any person (other than you or your spouse) that the child lives with now, or thinks that they have custody or visiting rights.
- 20** Type or print your name (first, middle, last) on the line to the left, sign your name on the right.
- 21** Write in the number of pages that follow this one if you used any added pages to give more information.



## DECLARATION (FL-105) – Attachment 3c

Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <small>(If NOT the same, provide the information below.)</small>				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <small>(If NOT the same, provide the information below.)</small>				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <small>(If NOT the same, provide the information below.)</small>				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				

Attachment 3c

DECLARATION UNDER

UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJA)

**FLFO**

State Court's Essential Forms™
MD-1003C

- 15** Use this page if there are more than 2 children. Fill out the same way you did for the first two children. Ask for more forms if needed.

FL-155

<p>1. Your name and address (or attorney's name and address):</p> <p>2. ATTORNEY FOR (NAME):</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</p> <p>STREET ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>3. BRANCH NAME:</p> <p>PETITIONER (PLAINTIFF):</p> <p>RESPONDENT (DEFENDANT):</p> <p>OTHER PARTY:</p>	<p>TELEPHONE NO.:</p> <p>CASE NUMBER:</p>
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**FINANCIAL STATEMENT (SIMPLIFIED)**

**NOTICE:** Read page 2 to find out if you qualify to use this form and how to use it.

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
- b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship: \_\_\_\_\_
3. a. The children from this relationship are with me this amount of time: \_\_\_\_\_ %
- b. The children from this relationship are with the other parent this amount of time: \_\_\_\_\_ %
- c. Our arrangement for custody and visitation is (specify, using extra sheet if necessary): \_\_\_\_\_
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income (before taxes) per month is: \_\_\_\_\_
6. I have no income other than as stated in this paragraph.
7. I pay the following monthly expenses for the children in this case:
  - a. Day care or preschool to allow me to work or go to school: \_\_\_\_\_
  - b. Health care not paid for by insurance: \_\_\_\_\_
  - c. School, education, tuition, or other special needs of the child: \_\_\_\_\_
  - d. Travel expenses for visitation: \_\_\_\_\_
  - e. There are (specify number) \_\_\_\_\_ other minor children of mine living with me. Their monthly expenses that I pay are: \_\_\_\_\_
8. I spend the following average monthly amounts (please attach proof):
  - a. Job-related expenses that are not paid by my employer (specify reasons for expenses on separate sheet): \_\_\_\_\_
  - b. Required union dues: \_\_\_\_\_
  - c. Required retirement payments (not social security, FICA, 401k or 403a): \_\_\_\_\_
  - d. Health insurance costs: \_\_\_\_\_
  - e. Child support I am paying for other minor children of mine who are not living with me: \_\_\_\_\_
  - f. Spousal support I am paying because of a court order for another relationship: \_\_\_\_\_
  - g. Monthly housing costs: ☐ rent or ☐ mortgage. If mortgage, interest payments \$ \_\_\_\_\_ real property taxes \$ \_\_\_\_\_
9. Information concerning:
  - a. my current employment: \_\_\_\_\_
  - b. my most recent employment: \_\_\_\_\_

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 My occupation: \_\_\_\_\_  
 Date work started: \_\_\_\_\_  
 Date work stopped (if applicable): \_\_\_\_\_

**FINANCIAL STATEMENT (SIMPLIFIED)**

Page 1 of 2

## How to fill out

# FINANCIAL STATEMENT (SIMPLIFIED) (FL-155)

## DIRECTIONS

- ▶ Find the number on the sample form.  
*Example: 1*
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1** Don't use this form for: Spousal Support, Attorneys Fees or if you are self-employed. Read the INSTRUCTIONS on page 2 to see make sure you qualify. Then, write your name and address here.
- 2** If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3** You are the "Petitioner" if you started the case. You are the "Respondent" if another person started the case against you. Write the full name (first, middle, last) of each.
- 4** Check 1.a. if you are on TANF, SSI, or GA/GR and this is the only money you get. If you check this box, skip to **10** (#8) below. Check 1.b if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- 5** For # 2, put in the number of children born or adopted by you and the other party. For # 3, write in the percentage of time you are with the child/children and the percentage of time the other parent is with them. Example: if you have them weekdays and the other parent has them weekends the children are with you about 70% of the time and with the other parent about 30% of the time.
- 6** For # 4, check the box that tells how you currently file your taxes, either as a single person, married filing together, as head of household, or married but filing on your own.
- 7** For # 5, put in the amount of money you get each month before taxes are taken out. Then check the boxes where the money comes from and write each amount. When you add these amounts, the number should be the same as what you wrote for your total monthly income.
- 8** For # 6, check all boxes that apply to you, and list the amount of each of these expenses.
- 9** Check the box after # 7 if you have other children under age 18 living with you, *who are not part of this case*. Put in the number of children and list the amount of money you spend each month on them.
- 10** Read # 8 carefully, and check all boxes that apply to you. List the average amount of money you spend each month on these items. Attach proof that you make these payments (statements, bills, invoices, etc.).
- 11** For # 9, check the first box if you currently have a job or the second box if you are currently not working. Give the name, address and phone number of your current employer, or your most recent employer. Occupation means your job title. For example, "mechanic" or "cashier." Write the date you started this job and/or stopped & what income was.

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	CASE NUMBER: _____
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10. My estimate of the other party's gross monthly income (*before taxes*) is \_\_\_\_\_ \$

11. My current spouse's monthly income (*before taxes*) is \_\_\_\_\_ \$

12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*). \_\_\_\_\_

13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME) \_\_\_\_\_ (SIGNATURE OF DECLARANT) \_\_\_\_\_

☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

**INSTRUCTIONS**

**Step 1: Are you eligible to use this form?** *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Salary or wages
  - Disability
  - Unemployment
  - Interest
  - Workers' compensation
  - Social security
  - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return.

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

**Step 8: Keep the remaining copies of the documents for your file.**

**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

**It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.**

FL-155 (Rev. January 1, 2004) Page 2 of 2

# FINANCIAL STATEMENT (FL-155)

- page two -

## DIRECTIONS

- ▶ Find the number on the sample form.  
*Example:* 15
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER, fill it in. If not known, leave it blank.

- 12 List the full name of both parties in the case.
- 13 Put in the total amount of money you think the other party makes in a month before taxes are taken out. If you have remarried write your current spouses income (before taxes).
- 14 If you want the court to know what your expenses are, you can attach page 3 of form FL-150.
- 15 Print your name on the left and sign it on the right. Put in the date that you signed the form. By signing this form you are saying that what you wrote is correct. If you have something else you want the court to know about your case, write it down on another piece of paper and attach it to this form.
- 16 Read and follow the INSTRUCTIONS section carefully. There is nothing to fill out, but there is information here that will help you. "Eligible" means "allowed." Most people filling out this form are probably eligible, but if you answered YES to any of the questions in Step 1, you are not allowed to use this form.

**Make sure to attach check stubs for the last 2 months. Cross out your social security numbers.**

## How to fill out

# PROOF OF SERVICE BY MAIL (Family Law) FL-335

## DIRECTIONS:

- ▶ Find a number on the sample form.  
*Example: ❶*
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-335	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17490) (Name, state bar number, and address)</small></div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">❶</div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>TELEPHONE NO.:</div><div>FAX NO.:</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY FOR (Name):</small></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b></div> <div style="font-size: 24px; font-weight: bold; margin: 10px 0;">❷</div> <div style="font-size: small;">STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">PETITIONER/PLAINTIFF:</div> <div style="font-size: 24px; font-weight: bold; margin: 10px 0;">❸</div> <div style="font-size: small;">RESPONDENT/DEFENDANT:  OTHER PARTY:</div> <div style="text-align: center; font-weight: bold; margin-top: 10px;">PROOF OF SERVICE BY MAIL</div>	<div style="font-size: small; text-align: center;">FOR COURT USE ONLY</div> <div style="height: 150px; border: 1px solid black; margin-top: 10px;"></div> <div style="font-size: small; text-align: center; margin-top: 10px;">CASE NUMBER</div>
<div style="font-size: small;"><b>NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).</b></div> <div style="font-size: small;">1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.</div> <div style="font-size: small;">2. My residence or business address is:</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">❹</div> <div style="font-size: small;">3. I served a copy of the following documents (<i>specify</i>):</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">❺</div> <div style="font-size: small;">by enclosing them in an envelope AND</div> <div style="font-size: small;">a. <input type="checkbox"/> <b>depositing</b> the sealed envelope with the United States Postal Service with the postage fully prepaid.</div> <div style="font-size: small;">b. <input type="checkbox"/> <b>placing</b> the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.</div> <div style="font-size: small;">4. The envelope was addressed and mailed as follows:</div> <div style="font-size: small;">a. Name of person served:</div> <div style="font-size: small;">b. Address:</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">❻</div> <div style="font-size: small;">c. Date mailed:</div> <div style="font-size: small;">d. Place of mailing (<i>city and state</i>):</div> <div style="font-size: small;">5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</div> <div style="font-size: small;">Date:</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">❼</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="border-top: 1px solid black; width: 45%; text-align: center; font-size: small;">(TYPE OR PRINT NAME)</div><div style="border-top: 1px solid black; width: 45%; text-align: center; font-size: small;">(SIGNATURE OF PERSON COMPLETING THIS FORM)</div></div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 10px;"><div>Form Approved for Optional Use Judicial Council of California FL-335 (Rev. January 1, 2002)</div><div style="text-align: center; font-weight: bold;">PROOF OF SERVICE BY MAIL</div><div>Code of Civil Procedure, §§ 1013, 1013a www.courtinfo.ca.gov</div></div>	

**NOTE:** the person serving the papers will use this form if they mailed the papers.

- ❶ Write your name, address, and telephone number.
- ❷ If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ❸ Write the names of the parties. You are “Petitioner” if you started the case. You are “Respondent” if you did not.
- ❹ Write the home or business address of the person who will serve the papers.
- ❺ Write the names of the papers served. (For example, “Notice of Motion.”)
- ❻ Write the name and address of the person to whom the papers were mailed exactly as it was written on the envelope.  
Write the date the envelope was mailed, and the city and state from which it was mailed.
- ❼ The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.  
b. Print the address you put on the envelope containing the documents.  
c. Write in the date that you put the envelope containing the documents in the mail.  
d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the Family Law Facilitator in your county.*

**PROOF OF SERVICE  
BY MAIL  
(Family Law)  
FL-335**

**- page two -**

*There is nothing to fill out on this page, but you should read these instructions.*



**BLANK**

**FORMS**





ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i>		<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: FAX NO.: ATTORNEY FOR <i>(Name)</i> :		
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:		
<b>RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION</b>		CASE NUMBER:
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:

1. ☐ CHILD CUSTODY
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested but I consent to the following order:
2. ☐ CHILD VISITATION
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested but I consent to the following order:
3. ☐ CHILD SUPPORT
- a. ☐ I consent to the order requested.
- b. ☐ I consent to guideline support.
- c. ☐ I do not consent to the order requested, but I consent to the following order:
- (1) ☐ Guideline
- (2) ☐ Other (*specify*):
4. ☐ SPOUSAL SUPPORT
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested.
- c. ☐ I consent to the following order:
5. ☐ ATTORNEY FEES AND COSTS
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested.
- c. ☐ I consent to the following order:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Date:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**NOTE:** To respond to a request for domestic violence restraining orders requested in the *Request for Order (Domestic Violence Prevention)* (form DV-100) you must use the *Answer to Temporary Restraining Order (Domestic Violence Prevention)* (form DV-120).

6. ☐ PROPERTY RESTRAINT

a. ☐ I consent to the order requested.

b. ☐ I do not consent to the order requested.

c. ☐ I consent to the following order:

7. ☐ PROPERTY CONTROL

a. ☐ I consent to the order requested.

b. ☐ I do not consent to the order requested.

c. ☐ I consent to the following order:

8. ☐ OTHER RELIEF

a. ☐ I consent to the order requested.

b. ☐ I do not consent to the order requested.

c. ☐ I consent to the following order:

9. ☐ SUPPORTING INFORMATION

☐ contained in the attached declaration.

RESPONDENT/DEFENDANT:

CASE NUMBER:

PETITIONER/PLAINTIFF:

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

*This form must be attached to another form or court paper before it can be filed in court.*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

- ☐ Petitioner/Plaintiff
- ☐ Respondent/Defendant
- ☐ Attorney
- ☐ Other (Specify):

(See reverse for a form to be used if this declaration is not to be attached to another court paper before filing)



- |   |  |                |   |               |              |
|---|--|----------------|---|---------------|--------------|
| a. Child's name   |  | Place of birth |   | Date of birth | Sex          |
| Period of residence<br>to present   | Address<br><input type="checkbox"/> Confidential |                | Person child lived with ( <i>name and present address</i> ) |               | Relationship |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
| b. Child's name   |  | Place of birth |   | Date of birth | Sex          |
| <input type="checkbox"/> Residence information is the same as given above for child a.<br>(If NOT the same, provide the information below.) |  |                |   |               |              |
| Period of residence<br>to present   | Address<br><input type="checkbox"/> Confidential |                | Person child lived with ( <i>name and present address</i> ) |               | Relationship |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
|   |  |                |   |               |              |

- Form Approved for Optional Use  
Judicial Council of California  
FL-105/GC-120 [Rev. January 1, 2003]

**DECLARATION UNDER UNIFORM CHILD CUSTODY  
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

SHORT TITLE: _____	CASE NUMBER: _____
--------------------	--------------------

4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding? ☐ No ☐ Yes (If yes, provide the following information: \_\_\_\_\_)

a. Name of each child: \_\_\_\_\_  
b. Capacity of declarant: ☐ party ☐ witness ☐ other (specify): \_\_\_\_\_  
c. Court (specify name, state, location): \_\_\_\_\_  
d. Court order or judgment (date): \_\_\_\_\_

5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4? ☐ No ☐ Yes (If yes, provide the following information: \_\_\_\_\_)

a. Name of each child: \_\_\_\_\_  
b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other (specify): \_\_\_\_\_  
c. Court (specify name, state, location): \_\_\_\_\_  
d. Status of proceeding: \_\_\_\_\_

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child subject to this proceeding? ☐ No ☐ Yes (If yes, provide the following information: \_\_\_\_\_)

a. Name and address of person	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	Name of each child
b. Name and address of person	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	Name of each child
c. Name and address of person	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	Name of each child

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached after this page:

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**

CASE TITLE	CASE NUMBER:
------------	--------------

Child's name <input type="checkbox"/> Residence information is the same as given for Child <b>a</b> . If NOT the same, provide the information below	Place of Birth	Date of birth	Sex
---	----------------	---------------	-----

Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with ( <i>name and present address</i> )	Relationship
to			
to			
to			
to			

Child's name <input type="checkbox"/> Residence information is the same as given for Child <b>a</b> . If NOT the same, provide the information below	Place of Birth	Date of birth	Sex
---	----------------	---------------	-----

Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with ( <i>name and present address</i> )	Relationship
to			
to			
to			
to			

Child's name <input type="checkbox"/> Residence information is the same as given for Child <b>a</b> . If NOT the same, provide the information below	Place of Birth	Date of birth	Sex
---	----------------	---------------	-----

Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with ( <i>name and present address</i> )	Relationship
to			
to			
to			
to			





1. a. ☐ My only source of income is TANF, SSI, or GA/GR.  
b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship \_\_\_\_\_
3. a. The children from this relationship are with me this amount of time \_\_\_\_\_ %  
b. The children from this relationship are with the other parent this amount of time \_\_\_\_\_ %  
c. Our arrangement for custody and visitation is (*specify, using extra sheet if necessary*): \_\_\_\_\_
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income (*before taxes*) per month is \_\_\_\_\_ \$

<input type="checkbox"/>	Salary/wages: Amount before taxes per month . . . . .	\$ _____
<input type="checkbox"/>	Retirement: Amount before taxes per month . . . . .	\$ _____
<input type="checkbox"/>	Unemployment compensation: Amount per month . . . . .	\$ _____
<input type="checkbox"/>	Workers' compensation: Amount per month . . . . .	\$ _____
<input type="checkbox"/>	Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month . . . . .	\$ _____
<input type="checkbox"/>	Disability: Amount per month . . . . .	\$ _____
<input type="checkbox"/>	Interest income ( from bank accounts or other): Amount per month . . . . .	\$ _____

6. I pay the following monthly expenses for the children in this case:

a. <input type="checkbox"/>	Day care or preschool to allow me to work or go to school .....	\$ _____
b. <input type="checkbox"/>	Health care not paid for by insurance .....	\$ _____
c. <input type="checkbox"/>	School, education, tuition, or other special needs of the child .....	\$ _____
d. <input type="checkbox"/>	Travel expenses for visitation .....	\$ _____

8. I spend the following average monthly amounts (*please attach proof*):

a.	<input type="checkbox"/>	Job-related expenses that are not paid by my employer ( <i>specify reasons for expenses on separate sheet</i> )	\$ _____
b.	<input type="checkbox"/>	Required union dues	\$ _____
c.	<input type="checkbox"/>	Required retirement payments (not social security, FICA, 401k or IRA)	\$ _____
d.	<input type="checkbox"/>	Health insurance costs	\$ _____
e.	<input type="checkbox"/>	Child support I am paying for other minor children of mine who are not living with me	\$ _____
f.	<input type="checkbox"/>	Spousal support I am paying because of a court order for another relationship	\$ _____
g.	<input type="checkbox"/>	Monthly housing costs: <input type="checkbox"/> rent or <input type="checkbox"/> mortgage	\$ _____

What was your gross income (*before taxes*) before work stopped?:

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

**Step 8: Keep the remaining copies of the documents for your file.**  
**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

your return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit

of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.  
**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 3: Make 2 copies of your most recent federal income tax form.**

payment notice or your tax return

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.  
 Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

• Are you self-employed?

- Welfare (such as TANF, GR, or GA)
- Salary or wages
- Disability
- Unemployment
- Interest
- Workers' compensation
- Social security
- Retirement

- Do you receive money (income) from any source other than the following?
- Is the other party asking you to pay his or her attorney fees?
- Are you asking the other party to pay your attorney fees?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking for spousal support (alimony) or a change in spousal support?

use this form:

**Step 1: Are you eligible to use this form? If your answer is YES to any of the following questions, you may NOT**

## INSTRUCTIONS

(SIGNATURE OF DECLARANT) ☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

(TYPE OR PRINT NAME)

Date:

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

12. Other information I want the court to know concerning child support in my case (attach extra sheet with the information).

11. My current spouse's monthly income (before taxes) is \$  
 10. My estimate of the other party's gross monthly income (before taxes) is \$

PETITIONER/PLAINTIFF:  
 RESPONDENT/DEFENDANT:  
 OTHER PARENT:

CASE NUMBER:

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents (*specify*):

a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.

b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

- Name of person served:
- Address:
- Date mailed:
- Place of mailing (*city and state*):

Date:

(SIGNATURE OF PERSON COMPLETING THIS FORM)

**INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL**

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

**INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)**

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

*Complete the top section of the proof of service forms as follows:*

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.

2. Print your home or business address.

3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).

a. Check this box if you put the documents in the regular U.S. mail.

b. Check this box if you put the documents in the mail at your place of employment.

a. Print the name you put on the envelope containing the documents.

b. Print the address you put on the envelope containing the documents.

c. Write in the date that you put the envelope containing the documents in the mail.

d. Write in the city and state you were in when you mailed the envelope containing the documents.

5. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the Family Law Facilitator in your county.*